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Evaluation of Patients' Privacy Rights: A Swiss Healthcare Level Perspective

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Abstract:

Patients are progressively recognised and emphasised both nationally and internationally from the context of healthcare prioritisation. Patients' privacy rights should be regarded as personal challenges especially on how healthcare providers perceived and respect privacy rights of patients and other human right contexts. Health is one of the most vital assets in every individual around the world and requires that a successful patient-physician relationship in healthcare services comes from maintaining the rights of patients, including privacy, integrity and confidentiality of medical information. This paper evaluates the privacy rights of patients based on the existing patients' rights and other human right contexts towards care prioritisation in Swiss healthcare centres. It carries out a qualitative research method by phenomenological approach of in-depth and follow-up interviews. A specific data collection form was designed for the purpose of obtaining the relevant data. Data was generated from 44 different Swiss listed participating public and private healthcare centres using a sample size of 45 participants comprising patients, nurses and physicians. It explores the challenges and benefits faced by healthcare providers relating to privacy rights of patients in healthcare settings. The results of the paper showed inadequate enlightenment on patients' rights on the part of healthcare providers, patients and other healthcare practitioners. The paper also unveils inconsistent and non-uniform regulations, inadequate organisational and administrative safeguards, and as well as non-compliance with existing laws and standards. The paper concludes by suggesting measures for protecting privacy rights of patients, while ensuring a high level of data security with respect to computerised patient information. Finally, the paper provides recommendations to align the distinctive patients' privacy regulations and procedures across all cantons within Switzerland.

Keywords: Healthcare centres, healthcare providers, human right contexts, medical information, patient privacy rights

1. Introduction

Patients' privacy rights should be viewed as personal concerns with emphasis on how physicians facilitate the patients' perceptions of physical, interactional and psychological privacy (Leino-Kilpi, 2000). The confrontations on the non-consensual use of patient medical information are reported on a daily basis, but the challenges about maintaining a successful patient-physician relationship with regards to patients' privacy rights and its sensitive information tends only to grow slowly. This inadequate privacy has resulted in global financial losses, especially in healthcare centres. A global survey puts the global cost of data breach at an average of US\$154 for a stolen data and about US\$365 for healthcare data breach, (Ponemon Institute, 2015), Table 1. The figures represent the average organisational cost per data breach and vary by countries. It is believed that the privacy rights of patients are progressively recognised and emphasised both nationally and internationally. From the perspective of Swiss healthcare centres and Switzerland in general, it is a concept that is rather ambiguous based on the notion that the study domain is relatively understudied. Till now, similar studies have been carried out outside of Switzerland, for instance, in Turkey, Greece, United Kingdom and Iran. The work of Aydin (2004) gives insight into the rights of patients using the case of Turkey. Aydin stated that:

“Patient rights are universal values which we have to adopt. It is not so easy, however, to put such values and principles into effect. As approaches and attitudes differ from individual to individual, from society to society, and from country to country, a uniform application of these values is difficult. If we want to reach a general conclusion about the status of patient rights in the world as whole, we should examine the situation in individual countries”, (Aydin, 2004, p. 555).

The lack of research within healthcare sectors in the context of patients' privacy rights has created lack of knowledge on the issues and awareness on patients' rights, as well as insights into perceptions of patients and healthcare providers toward patients' rights. It is imperative to note that developing more informed insights and knowledge on patients and caregivers' perceptions and privacy rights could help better implement administrative and organisational safeguards, legal, technological and compliance regulations. Although, there have been national and international laws to regulate privacy rights of patients, for instance, the European Charter for Patient Rights, the United Nations Declaration of Human Right and HIPAA, among others. But, effort to have consistent and uniform legal and standards across healthcare institutions has not yielded considerable results. Based on the above assertion of Aydin, the author

conducted the research within the German part of Switzerland. The present research suggests the need for consistent awareness and education, administrative and organisational measures, strict compliance with laws and regulation, while ensuring a high level of data security with respect to electronic patient dossiers. Furthermore, the study provides recommendations to align the distinctive privacy right regulations and procedures at cantonal levels. The findings of this paper aims to help the various stakeholders get insights and provide guidelines for critical decision-making abilities. Finally it will provide scholarly insights for further and future studies within and outside the domain.

Countries	2013 Cost [US\$ (Millions)]	2014 Cost [US\$ (Millions)]	2015 Cost [US\$ (Millions)]	Number of Breaches [Average records lost or stolen in 2015]
USA	5.40	5.85	6.53	28,070
Switzerland	Not participated	Not participated	Not participated	Not participated
France	3.97	4.19	4.34	20,650
Germany	5.09	4.74	4.89	24,103
United Kingdom	3.40	3.68	3.37	21,695
Canada	-	-	4.40	20,456
Italy	2.40	2.69	2.75	18,983
Japan	2.19	2.36	2.68	19,214
Brazil	1.18	1.61	1.77	22,902
India	1.00	1.37	1.46	28,798
Arabian Clusters	-	3.12	3.80	29,199
Australia	2.52	2.59	2.61	19,788

*Table 1: Expenditure on Poor Privacy Resulting to Data Breaches
Source: Adapted from Ponemon Institute, 2015*

2. Research Objectives

2.1. General Objective

The general objective of this study is to evaluate the privacy rights of patients based on the existing patients' rights and other human right contexts towards care prioritisation in Swiss healthcare centres.

2.2. Specific Objectives

- 1) To evaluate the privacy rights of patients based on the existing patients' rights and other human right contexts towards care prioritisation in Swiss healthcare centres;
- 2) To suggest measures for protecting privacy rights of patients, while ensuring a high level of data security with respect to computerised patient information; and,
- 3) To provide recommendations in order to align the distinctive patient's privacy regulations and procedures across Swiss cantons.

2.3. Significance of the Study

The intent of the present research is to make notable contributions to knowledge with regards to privacy of patients' rights in healthcare centres from a Swiss perspective. The findings aim to provide valuable insights to various stakeholders of healthcare for instance, healthcare investors, healthcare vendors, policy makers, and corporate investors, among others. The findings will help the beneficiaries to make thorough reflections, investment strategies and critical decisions. The healthcare and national government policy makers would also benefit by getting insights from the study in coming up with the effective and efficient healthcare policies, guidelines that will enhance patients' privacy rights protection, successful patient-healthcare providers relationship, improve healthcare delivery and economic growth. Finally, this study will provide areas for further and future research that can be used to add values to the body of knowledge in the scholarly literature.

2.4. Scope of Study

The scope of this study is to evaluate the privacy rights of patients based on the existing patients' rights and other human right contexts towards care prioritisation in Swiss healthcare centres. The study was carried out in the German parts of Switzerland and conducted using the listed Swiss participating hospitals for six consecutive years (2005-2011).

3. Literature Review

3.1. Patients' Privacy Rights in Healthcare

According to Woogara (2001) respecting privacy of patients in hospital settings can come in many forms:

- 1) The right to enjoy one's property;
- 2) The right to protect one's medical and personal information;
- 3) The right to expect treatment with dignity during intimate care, and;
- 4) The right to control one's personal space and territory (Woogara, 2001, p. 239).

Different laws and Acts govern the patient privacy right in Switzerland. They include: The Swiss Federal Act on Data Protection (Swiss Confederation, 1992); The Federal Constitution of the Swiss Confederation (Swiss Confederation, 1999). The Federal Constitution of the Swiss Confederation states that:

“Everyone has the right to privacy in their private and family life and in their home, and in relation to their mail and telecommunications. Everyone has the right to be protected against the misuse of their personal data”, (CH-Confederation, 2012, Article 13).

According to ECPR (2002), the European charter of patients' right, indicates that the right of privacy should be guaranteed. The right to privacy is the right of individuals to decide for themselves how much they will share their thoughts, feelings and facts about their personal lives with others Vuori (1977). Vuori asserts that there are three areas of privacy according to studies conducted with patients at the hospital, namely: Privacy of life; Privacy of event, and; Privacy of personality.

In relation to the above assertion according to Wysoker (2001), any threat to confidentiality may jeopardise the healthcare relationship. He noted that there are times when patients consent to the right of confidentiality and freely gives out information for treatment to be shared with others. On the contrary, it was stated that patients would be unwilling to give certain information to their physicians, if they do not trust that the information would remain confidential (Dick & Steen, 1991). Malcolm (2005) supports the view above and contends that health practitioners should know that patients will willingly refuse diagnoses by withholding information about them in the course of medical treatment. Malcolm hinted on a situation in the study where patients indicated that they will refuse to converse with their healthcare practitioners should there be absence of privacy. The present study will help stakeholders to gain insights into care prioritisation in healthcare settings with respect to patients' privacy rights. Besides, the research will evaluate to what extent the privacy rights of patients are respected and protected and to examine why physicians and nurses tend to violate, for example, patient dignity and privacy during care. The research will believe that since there exist lack of compliance among medical practitioners with regards to some human right contexts, patient care prioritisation, then the scope of the research is yet to be completed.

3.2. Rights of Patients

The observation of patients' rights is one of the effective measures of patient's satisfaction (Doyal, 1997; Nejad, 2011). It is believed that creating awareness on patient's rights in healthcare settings will specifically maintain patient dignity. According to Aydin (2004) studies revealed that there is a discrepancy between the respect for patients by physicians as declared by laws and its applicability in real life. Pérez-Cáecelas, Pereniguez, Osuna, & Luna (2005) opined that physician should however give attention to their patients with regards to privacy, rights to information and confidentiality. Although, the European Charter Of Patients' Rights (ECPR, 2002) listed (14) rights of patients, but there is no substantial report as to the evaluation of perception of respect for patients' rights. The research takes into consideration some of the patient's rights for this evaluation.

3.3. Patients Privacy Rights Enlightenment

Patient's rights basically affect the freedom of patient to autonomy (Parsons, 2002). Yakov, Shilo, & Shor (2010), showed in a study that only 23% of the respondents were aware of the patient's right. Tengilimoglu, Kisa, & Dziegielewski (2000) asserts that 63% of the patients were not aware of their rights in receiving healthcare services. In corroborating with the low rate of patients' awareness by patients as asserted above, Almoajel (2012) stated that about 74.8% of patients are not aware about their rights. In relation with the above, Almoajel (2013) stated that 23% of the patients were not aware of their rights in a study carried out in Turkey. The present research examines patients and healthcare practitioners' perceptions relating to patients' privacy rights to determine their awareness.

3.4. Swiss Healthcare Systems

According to Squires, Thomson, Osborn, & Reed (2011) all citizens or residents are mandated to have insurance coverage under the 1996 Health Insurance Law. Health is one of the most vital assets for every individual (Swiss Confederation, 2013). Squires et al. (2011) stated that Switzerland's health costs ranked one of the highest in the world after U.S and Norway amounting to CHF 7,833 (US\$ 5,144) per capital in 2009. Switzerland is a federal state comprising of three institutional levels: the Confederation-Federal (central state), the cantons (26) and the municipalities (2740), (Berchtold & Peytremann-bridevaux, 2011; Bolgiani, Crivelli, & Domenighetti, 2006). In Switzerland, the healthcare system is regulated by several legal frameworks (Lovis, Schmid, & Wyss, 2008). Thus, there are 26 ministries of health and 26 legal frameworks that are responsible for setting the health laws. For instance, according to Frei & Hunsche (2001) Swiss healthcare system is both private and public with cantonal and federal responsibilities making it very diversified and complex. The present research will focus on Swiss healthcare system.

3.5. Protection of Privacy Rights of Patients

The Health Insurance Portability and Accountability Act, HIPAA of 1996, was the first federal law to address privacy protection, (Hu, Sparenborg, & Tai, 2011). According to Blair (2003) the major goal is the protection of privacy of individuals who seek care and healing. One of HIPAA's administrative simplification regulations includes privacy, which defines standards for appropriate and inappropriate disclosure of medical information and patient's right protection (Bergren, 2001). The original HIPAA rule demands that

the healthcare entity have to get a written consent for the disclosure of medical information for treatment and other health related services (Parsons, 2002). The information of patients must be protected from unauthorised access in order to protect privacy of patients (Åhlfeldt-Mharie, 2008). Although the need for protection of privacy with respect to patients' rights and patients' dossiers have been stressed, but there seemed different privacy discourses. Table 2 below provides suggestions by Joolae, et. al. (2006) towards the promotion of more concerns about the rights of patients among nurses.

Schwartz (1995) argues that, in healthcare reform and marketplace changes, there should be improvement in the protection of medical information. Deshefy-Longhi, Dixon, Oslen, & Grey (2004), pointed out that keeping patients' information private by professionals, promotes effective medical treatment by establishing trust in the patients-providers relationship. A study by Nayeri & Aghajani (2010), showed that 32% of patients indicated that their psychosocial privacy had not been respected. Baghai (2012), argued that protection of privacy allow individuals to count on their private and public distinctions in communications. This study aims to provide suggestions and recommendations on patients' privacy rights protection in order to establish a successful patients-providers relationship in the future.

Nursing education	<ul style="list-style-type: none"> • Introducing the concept of patients' rights as a fundamental part of all nursing • Focusing more on teaching advocacy and communication skills
Nursing management	<ul style="list-style-type: none"> • Lobbying decision makers to recruit more nurses according to the number of inpatients • Providing in-service education for staff to expose them to new perspectives on patients' rights • Informing patients systematically about their rights and responsibilities • Providing support for nurses who protect
Nursing practice	<ul style="list-style-type: none"> • Spending more time listening to patients • Combining the physical care of patients with emotional support and respect patients' rights
Nursing research	<ul style="list-style-type: none"> • Carrying out research on the experience and viewpoints of all stakeholders and decision makers regarding patients' rights.

*Table 2: Approaches for Concerns about the Rights of Patients among Nurses
Source: Joolae, et.al. 2006*

4. Methodology

4.1. Introduction

The study employs a qualitative research method by phenomenological approach using in-depth interviews and follow-up interviews administered to patients and healthcare providers within the listed hospitals in Switzerland. A specific data collection form was designed for the purpose of obtaining the relevant data. Data was generated from 44 different public and private healthcare centres with a sample size of 45 participants.

4.2. Research Instruments and Data Collection

The data was collected using a personal computer, writing materials, and; semi-structured interview questionnaires. Twelve (12) interview-questionnaires were administered within the selected target participants. There were follow-up interviews based on acceptance of the participants, after the initial interviews. Each interview was scheduled to last between fifteen and twenty-minutes time frame. Prior to the interview process, an introductory e-mail requesting participants' permission was sent to the prospective interviewees. Each participant was advised to select a fifteen to twenty minutes time frame as deemed convenient. A formal introductory speech or overview of the interview was discussed on the date of scheduled appointment. To effect proper interview coordination, the participants were called or e- mailed to verify the reception of their respective e-mails.

4.3. Target Population and Sampling Frame

The target population for this study comprised patients, nurses and physicians within the private and the public hospitals. The hospitals comprised 44 listed Swiss participating hospitals between 2005 and 2011. It employed a sample size of 45 participants (15 each of patients, nurses and physicians) randomly selected during the initial interviews and 10 participants at the follow-up interviews. Data was analysed using MaxQDA qualitative analysis software.

4.4. Data Distillation and Presentation

The present study categorized the responses from the respondents into two parts namely: the survey of interviews (Tables 6-13) and the synthesized participants' profiles (Tables 3-5). Seven (7) classifications resulted from the survey during the initial interviews. This information was then coded and distributed into several tables and tally charts to illustrate the results. Tally charts represent way to identify significance of findings. It is believed that this method provides enhanced understanding of the phenomenon of study and deepens the understanding and effectiveness of the study in the context of the research domain (Sommer & Sommer, 1991). The presentation of data is categorized as follows:

- 1) Category One: Information relating to consent;

- 2) Category Two: Information Relating to Personal Definition of Privacy Right;
- 3) Category Three: Information Relating to Knowledge of Laws by Nurses and Physicians;
- 4) Category Five: Information Relating to Privacy Rights of Patients during Admission;
- 5) Category Six: Information Relating to Denial of Medical Information;
- 6) Category Seven: Information Relating to Confidentiality of Medical Information; and,
- 7) Category Nine: Information Relating to Protection of Privacy Rights of Patients.

5. Results and Discussions

The study unveiled the negligence of some medical staff resulting from medical confidentiality via discussions around hospital corridors. About 9 (60%) out of fifteen nurses interviewed relating to the discussion of medical information of patients while other people are in the room, confirmed that this occasionally occurs. On the other hand, 7 (46.7) out of fifteen physicians stated that they had knowledge about it. Contrasting the above, some nurses maintained that information were only relayed with consent and to relatives present. The current research revealed that there is not enough confidentiality regarding medical information. On the notion of access to medical files left unattended, findings showed 33.3% physicians and 40.0% nurses left their files unattended. 20% physicians and 20% nurses believed that relatives and visitors could read files while in the room with patients. The study showed that the doctors could forward medical reports to a specialist without the consent of a patient. Patients proved from the research that they normally give consents to the caregivers during treatments. Findings showed that 86.7% of patients opt in to give consents when the need arises.

In comparison, misuse of medical information according to Williams (2005), will normally occur where there is perceived value of personal information to third parties. It is vital that caregivers respect patient's views about treatment and rights to medical records. A study conducted by Nayeri & Aghajani (2010), buttresses the fact above that 32% of patients indicated that their psychosocial privacy had not been respected. The research findings showed that 80.0% physicians and 73.3% nurses believed that the privacy rights of patients could be protected. Furthermore, 46.7% physicians and 13.3% nurses believed that protection would be realised through effective compliance and enforcement of basic laws. From the follow-up interview of the present research, 70% of the respondents believed that technological, legislative and regulatory measures affect the protection of privacy rights of patients. The research findings also indicated that systems' inconsistency, which present barriers to accurate and miss information exchange; non-uniformity of standards and ineffective legal frameworks hinders the effective protection of privacy rights of patients. From the follow-up interviews to enable the participant to give an in-depth understanding into the subject domain, 90% of the interviewees responded that education and enlightenment on privacy rights of patients upon admission positively affects its protection. Findings also indicated that, 15 (100%) comprising physicians and 15 (100%) of patients stated that no information about privacy rights was given to patients upon admission into the hospital. On the part of physicians as respondents, the research findings indicated that they do not normally brief patients about their rights upon admission. In contrast to giving information, many physicians opined that the station resident normally carries out admission procedures.

The research admonishes the need for organisational and administrative safeguards. When a healthcare centre has poor administrative or organisational safeguards, there is insecurity in maintaining and ensuring a high level of data security, as well as establishing a successful patient-physician relationship. Furthermore, there are data breaches and data/identity thefts and patient's dissatisfaction. A serious threat to personal health information confidentiality in healthcare centres according to (Anderson, 1996), is the poor design and careless administration of control of accesses. The ways in which the healthcare organisations manage the affairs of the healthcare will affect the security and privacy of the medical information of patients and their rights. On the follow-up interview findings, it was evident that all participants making 100% believed that organisational and administrative measures positively impact the protection of privacy rights of patients. They believed that the measures would encourage the medical staff to obey the laws and other guiding rights of patient in the hospital. The research suggests that organisational and administrative coordination of medical information dissemination be governed by the principles of honesty, trust, transparency, confidentiality and integrity. According to Nejad (2011), the awareness of patient's rights and evaluating them enhances the satisfaction of patients. The inability of some of the respondents to provide a clear definition and the absence of knowledge of some form of human right contexts as shown in the study was inconsistent enlightenment and education on rights of patients by the healthcare practitioners. The research findings showed that certain caregivers often ignore some of the rights of patients, especially if faced with the situation of life and death, while many are not aware of certain laws. The study showed that 53.3% nurses and 66.7% are aware of the patient right protection law. On the Swiss Civil Code, the finding revealed (0.0%) for nurses and about 6.7% for physicians relating to awareness.

The research findings revealed that in a situation of severe illness of a patient that requires immediate surgical intervention, a physician might intentionally bypass some of the patient rights, especially when a patient's consent is needed. 33.3% of physicians interviewed pertaining to patients' denial of medical information acknowledged that they bypassed some patient rights and human right context during treatments. From the perceptions of nurses, it was 60% pertaining to denial. From the follow-up interviews, 90% of the respondents believed that compliance with patient's right laws and human right contexts in healthcare environment positively affect the protection of privacy rights of patients. In the initial interviews, some of the respondents gave reasons for the non-compliance as emergency situations and consents among others. Therefore, the need for compliance with patient right laws and human right contexts in healthcare environment will have positive impact on protection of privacy right of patient, while ensuring a successful patient-physician relationship in the future.

5.1. Summary of Findings

- 1) Lack of understanding and unclear definitions of privacy concepts;
- 2) Lack of consistent education and awareness on rights of patients and human right contexts;
- 3) Non-uniformity and inconsistencies in existing laws and regulations;
- 4) Lack of trust and transparency, and non-compliance with medical information sharing; and,
- 5) Unclear perceptions on the impact on protection of privacy rights of patients.

5.2. Benefits of Findings

- 1) Understanding the importance of education of patients and healthcare providers with respect to right of patients;
- 2) Valued insights into protection of privacy rights of patients and other human right contexts;
- 3) Improvement of organisational and administrative safeguards, through thorough reflection, critical thinking and decision-making abilities; and,
- 4) Improving patient-physician relationship, through compliance to achieve trust, transparency, and dignity.

6. Conclusion and Recommendations

The study evaluates the privacy rights of patients based on the existing patients' rights and other human right contexts towards care prioritisation in Swiss healthcare centres. The following paragraphs provide conclusions for the findings as well as recommendations and suggestions. It makes a notable contribution to knowledge and healthcare providers with regards to privacy right of patients. It is hoped that privacy right of patients will develop further into a unique domain of study in both academia and practical application. The knowledge gained through the present research, will be the most important contribution to the academia, the professional communities, hospital providers and other health related institutions across Switzerland and beyond.

The research suggests the need for: Awareness and education; Compliance with laws and regulations; consistent and uniform laws and standards. Furthermore, the research implies that education and enlightenment have positive impact on rights of patients; compliance, organisational and administrative safeguards have positive impact, and that technology, legal, and regulatory measures also have positive impact on patient privacy rights. This study also suggests that future studies be carried out to cover other parts of Switzerland and that recommendations should include other healthcare and health related institutions.

Finally, the research provides the following recommendations to align the distinctive patient privacy regulations and procedures across Swiss cantons:

- 1) Swiss cantons to build upon and compliment organisational and administrative safeguards, including administrative requirements, to ensure strict compliance and monitoring within healthcare centres;
- 2) Ensure a regulatory and legal settings that allows exchange of information amongst healthcare practitioners and stakeholders, including use and disclosure of health information;
- 3) To ensure that services in which measures for implementations are based, are transparent, reliable and free from religious, social, and political distinctions;
- 4) Prohibit and sanction healthcare establishments should there be any form of inconsistencies, non-uniformity and non-adherence to laws and regulations, and implementations of measures;
- 5) To engage in a robust and effective public campaign and education in order to create awareness about patient privacy policies and procedures;
- 6) Working with designated stakeholders from the healthcare sectors in order to identify and address the various laws and regulations that forestall the measures relating to implementation of patient right laws and other human rights contexts;
- 7) To control and verify checklists to ensure that patients' complaints with respect to their privacy rights and perceptions of care are complied with and adhere to at regular intervals; ensure caregiver and patient control over access and health information dissemination;
- 8) Ensure that physicians and other caregivers are involved in the development of novel technologies, critical thinking and decision making abilities;
- 9) To help in ensuring the ease in which healthcare centres progresses in support services that enables the transition of health information and other related information from paper based to technology based systems; and,
- 10) To revisit policies and procedures, re-evaluate and ensure that there is a regular control and compliance relating to patient's privacy regulations and procedures to maintain consistencies and uniformity within cantons.

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Appendix

Gender	Number of Participants	Age Range	Organisation (Pub. / Pri.)	University Education
Male	10	1 (18- 33) 5 (34- 49) 3 (50 and Above) 1 (No Age Declared)	15	10
Female	5	4 (18- 33) 1 (34- 49) 0 (50 and Above)		4
	Nationality	Nationality Not Stated	Other Qualification	Qualification Not Stated
Male	2 CH 1 CH/CAN 1 USA/CH 2 DE; 1 USA	3	0	0
Female	4 CH	1	0	1
		Legend		
PPRP-D#: Protection of Privacy Right of Patients-Physician Number Pri: Private; Pub: Public; DE: Germany			IT: Italy; CH: Swiss USA: United States Of America; CAN: Canada	

Table 3: Synthesised Nurse Profiles
Source: Marvin Ama-Amadasun, 2015

Gender	Number of Participants	Age Range	Organisation (Pub. / Pri.)	University Education
Male	1	1 (18- 33) 0 (34- 49) 0 (50 and Above)	15	1
Female	14	2 (18- 33) 8 (34- 49) 4 (50 and Above)		3
	Nationality	Nationality Not Stated	Other Qualification	Qualification Not Stated
Male	1 POR	0	0	0
Female	6CH; 1 IT/CH 1 TUR	6	11	0
		Legend		
PPRP-N#: Protection of Privacy Right of Patients-Nurse Number Pri: Private; Pub: Public; IT: Italy			CH: Swiss; AFR: African POR: Portugal; TUR: Turkey	

Table 4: Synthesised Physician Profiles
Source: Marvin Ama-Amadasun, 2015

Gender	Number of Participants	Age Range	Organisation (Pub. / Pri.)	University Education
Male	11	2 (18- 33) 5 (34- 49) 4 (50 and Above)	15	5
Female	4	3 (18- 33) 1 (34- 49) 0 (50 and Above)		2
	Nationality	Nationality Not Stated	Other Qualification	Qualification Not Stated
Male	6 CH; 1 IT; 1 AFR	3	4	2
Female	2 CH	2	2	0
		Legend		
PPRP-P#: Protection of Privacy Right of Patients-Patient Number; Pri: Private; Pub: Public			IT: Italy; CH: Swiss; AFR: African	

Table 5: Synthesised Patient Profiles
Source: Marvin Ama- Amadasun 2015

PPRP-P#	No information on right	Confidentiality	Information about right	Age determination	Information on operation	Not sure of significance of information	Due to critical illness
1	✓						✓
2						✓	
3			✓				
4	✓						
5	✓				✓		
6	✓			✓			
7	✓						
8	✓	✓					
9	✓						
10					✓		
11	✓						
12	✓						
13	✓						
14	✓						
15	✓						
Total #	12	1	1	1	2	1	1
Percentage (%)	80	6.7	6.7	6.7	13.3	6.7	6.7

Table 6: Tally on Information upon Admission
Source: Marvin Ama-Amadasun, 2015

PPRP-P#	Will opt in for it	No other option	One has a say	No knowledge/ no comment	For treatment
1	✓				
2	✓				
3	✓				
4	✓	✓			
5				✓	
6	✓				
7	✓				
8	✓				
9			✓		
10	✓				
11	✓				
12	✓				
13	✓				
14	✓				✓
15	✓				
Total #	13	1	1	1	1
Percentage (%)	86.7	6.7	6.7	6.7	6.7

Table 7: Tally on Information on Consents
Source: Marvin Ama-Amadasun, 2015

PPRP-N# PPRP-D#	Right to Life	Confidentiality/confidential information	Need for consent	Privacy safeguard/ Privacy protection	Control of personal information	Safe medical records	Human right
1	N; D	D		N; D	D		
2		N		D	N		N; D
3		N	N	N	N	N	
4	N	D	D	D	D	D	
5		N; D		N	N; D		N; D
6		N; D	N		N; D		
7		N; D		N; D	D		
8		N; D		N	N; D	D	N
9		N; D			N; D	D	
10	N	N; D		N; D	D	N	N
11	D	N; D		N; D	N; D		
12	D	N; D		N; D			
13	N; D	N; D		N; D	N; D		
14	N; D	N; D	D		N; D		
15		D	D	N; D	N; D		
Total PPRP-#	10	25	5	19	22	5	6
Percentage (%)	N=33.3 D=33.3	N=80.0 D=86.7	N=13.3 D=20.0	N=66.7 D=60.0	N=66.7 D=80.0	N=13.3 D=20.0	N=26.7 D=13.3

Table 8: Tally on Privacy Right Definition
Source: Marvin Ama-Amadasun, 2015

PPRP-N# PPRP-D#	Can be protected	Confidentiality/	Binding agreement	Privacy /data safeguard	Information on rights	No protection/ every spot/	Human right/ Dignity	Educational Policies/Le	Basic laws/enforcement/	Protection not absolute/Lo
1	N; D	N		N			D		N; D	
2	N; D	D								D
3						N; D				
4	N					D	N			D
5	D							N	D	
6	D			D		N				
7										N; D
8	N; D	D			N					
9	N; D				D			D	D	
10	N; D								D	
11	N; D								D	N
12	N; D									D
13	N; D									
14	N; D								D	
15	N; D								N; D	
Total	23	3	0	2	2	4	2	2	9	6
Percentage (%)	N=73.3 D=80.0	N=6.7 D=13.3	N=0.0 D=0.0	N=6.7 D=6.7	N=6.7 D=6.7	N=13.3 D=13.3	N=6.7 D=6.7	N=6.7 D=6.7	N=13.3 D=46.7	N=13.3 D=26.7

Table 9: Tally on Protection of Privacy Rights
Source: Marvin Ama-Amadasun, 2015

PPRP-P# PPRP-N# PPRP-D#	It has positive impact	It has negative impact	It has negative and positive impacts
PPRP-P1			✓
PPRP-P7	✓		
PPRP-P8		✓	
PPRP-P12			✓
PPRP-N4	✓		
PPRP-N7	✓		
PPRP-N13	✓		
PPRP-D1	✓		
PPRP-D8	✓		
PPRP-D15	✓		
Total	7	1	2

Table 10: Tally Chart on Impact of Technological, Legislative and Regulatory Measures on Privacy Rights of Patients
Source: Marvin Ama-Amadasun, 2015

PPRP-P# PPRP-N# PPRP-D#	It has positive impact	It has negative impact	It has negative and positive impacts
PPRP-P1	✓		
PPRP-P7	✓		
PPRP-P8	✓		
PPRP-P12	✓		
PPRP-N4	✓		
PPRP-N7	✓		
PPRP-N13	✓		
PPRP-D1	✓		
PPRP-D8	✓		
PPRP-D15	✓		
Total	10	0	0

Table 11: Tally Chart on Impact of Organisational and Administrative Measures on Privacy Rights of Patients
Source: Marvin Ama-Amadasun, 2015

PPRP-P# PPRP-N# PPRP-D#	It has positive impact	It has negative impact	It has negative and positive impacts
PPRP-P1	✓		
PPRP-P7	✓		
PPRP-P8			✓
PPRP-P12	✓		
PPRP-N4	✓		
PPRP-N7	✓		
PPRP-N13	✓		
PPRP-D1	✓		
PPRP-D8	✓		
PPRP-D15	✓		
Total	9	0	1

Table 12: Tally Chart on Impact of Compliance with Right of Patients and other Physician Confidentiality Laws on Privacy Rights of Patients
Source: Marvin Ama-Amadasun, 2015

PPRP-P#	It has positive impact	It has negative impact	It has negative and positive impacts
PPRP-N#			
PPRP-D#			
PPRP-P1	✓		
PPRP-P7	✓		
PPRP-P8		✓	
PPRP-P12	✓		
PPRP-N4	✓		
PPRP-N7	✓		
PPRP-N13	✓		
PPRP-D1	✓		
PPRP-D8	✓		
PPRP-D15	✓		
Total	9	1	0

Table 13: Tally Chart on Impact of Enlightenment / Education upon Admission on Privacy Rights of Patients
 Source: Marvin Ama-Amadasun, 2015